

Revised 03/06 WDNY

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF NEW YORK

14cv0280  
A

FORM TO BE USED IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
(Prisoner Complaint Form)

**1. CAPTION OF ACTION**

A. Full Name And Prisoner Number of Plaintiff: NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.

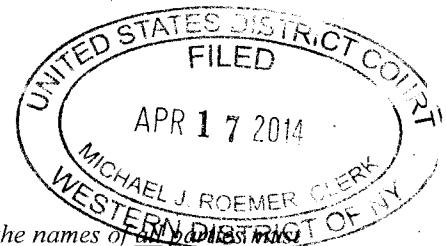
1. Anderson Romero #06A0077

2. \_\_\_\_\_

VS

B. Full Name(s) of Defendant(s) NOTE: Pursuant to Fed. R. Civ. P. 10(a), the names of all defendants appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.

1. Thomas LaValley 3. \_\_\_\_\_  
2. Brown, Dep. of Security 4. \_\_\_\_\_  
5. Tamer TSgt 6. \_\_\_\_\_



**2. STATEMENT OF JURISDICTION**

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. § 1331, 1333(3) and (4), and 2201.

**3. PARTIES TO THIS ACTION**

**PLAINTIFF'S INFORMATION NOTE:** To list additional plaintiffs, use this format on another sheet of paper.

Name and Prisoner Number of Plaintiff:

Anderson Romero #06A0077

Present Place of Confinement Address:

Clinton Correctional facility P.O. #

Name and Prisoner Number of Plaintiff:

Box 2001 Dannemora 12929

Present Place of Confinement Address:

**DEFENDANT'S INFORMATION NOTE:** To list additional plaintiffs, use this format on another sheet of paper.

Name of Defendant: Thomas LaValley Supt.

(If applicable) Official Position of Defendant: Superintendent

(If applicable) Defendant is Sued in Individual and/or  Official Capacity

Address of Defendant: Clinton Corr facility P.O. Box 2001  
Dannemora 12929

Name of Defendant: Brown

(If applicable) Official Position of Defendant: D.S.S.

(If applicable) Defendant is Sued in Individual and/or  Official Capacity

Address of Defendant: Same Address

Name of Defendant: Tamer T

(If applicable) Official Position of Defendant: Sgt.

(If applicable) Defendant is Sued in Individual and/or  Official Capacity

Address of Defendant: Same Address

#### **4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT**

- A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?  
Yes        No X

If Yes, complete the next section: NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county):  
\_\_\_\_\_

3. Docket or index Number: \_\_\_\_\_

4. Name of Judge to whom case was assigned: \_\_\_\_\_

5. The approximate date the action was filed: \_\_\_\_\_

6. What was the disposition of the case?

Is it still pending? Yes  No \_\_\_\_\_

If not, give the approximate date it was resolved: \_\_\_\_\_

Disposition (check the statements which apply):

Dismissed (check the box which indicates why it was dismissed):

By court **sua sponte** as frivolous, malicious or for failing to state a claim upon which relief can be granted;

By court for failure to exhaust administrative remedies;

By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

By court due to your voluntary withdrawal of claim;

Judgment upon motion or after trial entered for

plaintiff

defendant.

B Have you begun **any other lawsuits in federal court** which **relate to your imprisonment**?

Yes  No \_\_\_\_\_

If Yes, complete the next section: NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. District Court: \_\_\_\_\_

3. Docket Number: \_\_\_\_\_

4. Name of Judge to whom case was assigned: \_\_\_\_\_

5. The approximate date the action was filed: \_\_\_\_\_

6. What was the disposition of the case? \_\_\_\_\_

Is it still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give the approximate date it was resolved: \_\_\_\_\_

A. FIRST CLAIM: On (date of incident)

6-9-12 Clinton C.F. yard  
defendant (give the name and position held of each defendant involved in this incident) On 6-9-12 I was waiting for the early go back from the yard at Clinton Correction facility

Did the following to me (briefly state what each defendant named above did):

Sgt and C.O's fail to Protect me in Clinton yard I had got Cut by a inmate on my right Side of my face I was put in I.P.C. E-block 4 Company #12 Cell

On 7-7-12 in E-block 4 Company 12 cell I had got Assaulted by Sgt Tamer 7<sup>th</sup> 3 Shift and some C.O's beat me up and Send me to Champlain Physicians Hosp.

The constitutional basis for this claim under 42 U.S.C. § 1983 is:

Equal Protection

The relief I am seeking for this claim is (briefly state the relief sought):

**Exhaustion of Your Administrative Remedies for this Claim:**

Did you grieve or appeal this claim? Yes  No If yes, what was the result?

Did you appeal that decision? Yes  No If yes, what was the result?

*Attach copies of any documents that indicate that you have exhausted this claim.*

If you did not exhaust your administrative remedies, state why you did not do so: my Property was Stolen from my Cell e-4-12 I.P.C. On 7-7-12

A. SECOND CLAIM: On (date of incident)

defendant (give the name and position held of each defendant involved in this incident)

**Affidavit of Service**

**STATE OF NEW YORK )  
COUNTY OF CHEMUNG) ss:**

I, Anderson, Romero #06Acc77, being duly sworn, deposes and says, that I am the Petitioner herein, and that on the date of notarization indicated below, I have placed in a sealed, post-paid, wrapper a true and exact copy of the enclosed papers, Identified as:

\_\_\_\_\_, and Affidavit of Service, by placing same in U.S. Mailbox in Southport Correctional Facility for delivery to the United States Postal Service, and that such parcels were addressed to the parties indicated below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully Submitted,

Anderson, Romero  
(Sign Name in Front of Notary)  
Anderson, Romero, pro se  
(Print Name)

Southport Correctional Facility  
P.O. Box 2000  
Pine City, N.Y. 14871

Sworn and subscribed to before me on  
this 11<sup>th</sup> day of April, 2014.

Herman Liebson  
Notary Public

HERMAN LIEBSON  
Notary Public, State of New York  
Chemung Co. Reg. No. 0146028  
Commission Expires January 18, 2018

VERIFICATION

STATE OF NEW YORK )  
                         )ss:  
COUNTY OF CHEMUNG)

I, Anderson Romero being duly sworn, deposes and says:

I am the Petitioner in this action. I have read, and I am familiar with, the contents of the foregoing \_\_\_\_\_

and the content thereof is true to my own knowledge, except as to matters therein stated on information and belief and as to those matters I believe them to be true.

Dated: \_\_\_\_\_

Respectfully Submitted,

Anderson Romero  
Anderson Romero  
Southport Correctional Facility  
236 Bob Masia Dr., P.O. Box 2000  
Pine City, N.Y. 14871-2000

Sworn to and subscribed before me this

11<sup>th</sup> day of April, 2014.

Herman Liebson  
Notary Public

HERMAN LIEBSON  
Notary Public, State of New York  
Chemung Co. Reg. No. 0116024  
Commission Expires January 18, 2018